

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9035</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>PATRICK</u> <u>M.</u> <u>RAFTERY</u> P O Box Bldg Room No If any <u>Room 210</u> Street <u>300 SOUTH GRAND BLVD</u> City <u>ST LOUIS</u> State <u>MISSOURI</u> ZIP Code + 4 <u>63103</u>	4 Name file number and address of labor organization Name <u>TEAMSTERS LOCAL UNION NO 688</u> Labor Organization File Number <u>025-471</u> P O Box Building and Room Number If any Street <u>300 SOUTH GRAND BLVD</u> City <u>ST LOUIS</u> State <u>MISSOURI</u> ZIP Code + 4 <u>63103</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name If any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Patrick M. Raftery*

On

8/12/05  
Date

314 658 5743  
Telephone Number

Name of Person Filing <b>PATRICK M RAFFERTY</b>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <b>GROUP HEALTH PLAN (GHP)</b></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any <b>SUITE 400</b></p> <p>Street <b>111 CORPORATE OFFICE DR</b></p> <p>City <b>EARTH CITY</b></p> <p>State <b>MISSOURI</b> ZIP Code + 4 <b>63045</b></p> <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>ST LOUIS LABOR HEALTH INSTITUTE</b></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <b>300 SOUTH GRAND BLVD</b></p> <p>City <b>ST LOUIS</b></p> <p>State <b>MISSOURI</b> ZIP Code + 4 <b>63103</b></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <p><b>GHP IS A SERVICE PROVIDER TO ST LOUIS LABOR HEALTH INSTITUTE, ST LOUIS LABOR HEALTH INSTITUTE PROVIDES A MEDICAL PLAN (THROUGH COLLECTIVE BARGAINING) TO MEMBERS OF TEAMSTERS LOCAL 688</b></p> <p>11 b Approximate dollar value of such dealing <b>\$1,200,669.00</b></p> <p>12 a Nature of interest held or income received</p> <p><b>HOLIDAY GIFT</b></p> <p>12 b Amount <b>\$75.00</b></p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a. Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14 b Amount of payment.</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Name of Person Filing

PATRICK M RAFTERY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name AMERICAN INCOME LIFE INSURANCE COMPANYTrade Name if any P O Box Bldg Room No if any PO Box 2608Street City WACOState TEXAS ZIP Code + 4 76797

## 9 Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box, Bldg Room No if any Street City State  ZIP Code + 4 

## 11 a Nature of such dealing

INSURANCE COMPANY MARKETS POLICIES TO UNION MEMBERS AND THEIR FAMILIES BY HAVING INFORMATION ABOUT NO COST AND OTHER AVAILABLE COVERAGE MAILED BY THE UNION TO ITS MEMBERSHIP THE INSURANCE COMPANY HAS NO DIRECT CONTACT WITH UNION MEMBERS

## 11 b Approximate dollar value of such dealing

UNKNOWN

## 12 a Nature of interest held or income received

NO COST ACCIDENTAL DEATH INSURANCE POLICY (DEATH BENEFIT \$2000), AS IS MADE AVAILABLE TO ALL MEMBERS OF TEAM STARS Local 688

## 12 b Amount

UNKNOWN

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 14 a Nature of payment.

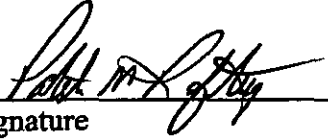
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13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment.

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The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

  
Signature

8/12/05  
Date